T	DBE PARTICIPAT	1	1	
Bidder:		Project Name:		
Bidder Contact:		Subaccount #:		
Bidder Phone: Bidder Email:		Bid Submission Date: DBE Contract Goal:		
	1			
Preferred Contact Method:	DBE Com	Region:		
				Eligible
DBE Firm Name	Work to B	Work to Be Performed		Participation
				\$0.00
	Total Eligible Participation			
Total Bid Amount Total Eligible Participation Percentage				#DIV/0!
	Bidder S		Ipation i ercentage	#DIV/0:
		9114		
	FORM SHALL BE BINDING ON THE E			
	AND THE BIDDER IS NOT REQUIRED authority to bind the Bidder. By signing the			
	gutnority to bind the Bidder. By signing the same and any other applicable state or fed			
	e. Further, you attest that you understar			
CDOT shall not award a contract (o	r provide its concurrence to award a Loc	al Agency Project) until it has h	een determined that o	rommitments are
sufficient to meet the DBE contract	goal or else good faith efforts have beer	made to meet the goal despite	e falling short. Once yo	our bid has been
	e modified or terminated without the app			
	listed above. If you have not met the co al. It is your responsibility to ensure that			
eligible participation has been prope	erly counted. Please review your project'			
calculating eligible participation.				
		1		<u> </u>
				5.
Name	Title	Signature		Date